

Name of Person Filing Document: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Attorney Bar Number (if applicable): \_\_\_\_\_

Representing ☐ Self or ☐ Attorney for \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)

☐ Guardianship ☐ Conservatorship of

Case Number: PB \_\_\_\_\_

\_\_\_\_\_ ☐ an Adult or ☐ a Minor

### WAIVER OF NOTICE OF HEARING ON PETITION FOR ANNUAL ACCOUNT FOR

\_\_\_\_\_ to \_\_\_\_\_  
(DATE) (DATE)

STATE OF ARIZONA                    )  
COUNTY OF MARICOPA        ) ss

I state under oath as follows:

1. **RECEIVED COURT PAPERS.** I have received and read a copy of the following Petition and other court papers: (Check the box next to the documents you received.)
  - A. \_\_\_\_\_
  - B. \_\_\_\_\_
  - C. \_\_\_\_\_
  - D. \_\_\_\_\_
  - E. \_\_\_\_\_
  - F. \_\_\_\_\_
2. **RELATIONSHIP.** My relationship to the person who is named in the caption above as incapacitated or protected is (explain): \_\_\_\_\_  
\_\_\_\_\_
3. **WAIVE NOTICE.** I waive all notice of any hearing or court proceeding in connection with this matter. I understand that I can reverse this waiver by filing a written document with the court under this court case number declaring that I no longer waive notice of hearings and other court proceedings.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this date: \_\_\_\_\_, by \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_  
Deputy Clerk/Notary Public